



The Smile Train
 245 Fifth Avenue, Suite 2201, New York, NY 10016, USA
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 info@smiletrain.org www.smiletrain.org

Treatment Grant Application

WHAT Smile Train Treatment Grants are designed to help medical professionals, hospitals, and organizations who provide treatment for poor children with clefts in developing countries. The goal is to help children who would not otherwise receive care through free treatment (i.e. surgery, orthodontia, speech therapy), improving the quality of treatment, or providing for related expenses such as equipment, outreach programs, patient travel, etc.

HOW Submit this application with the following: **1)** Curriculum Vitae (CV) of the medical professional(s) overseeing the project, **2)** sample cleft cases with pre and post-operative photos, **3)** letters of reference, **4)** background information on the hospital/clinic/ organization and a history of the cleft treatment programs Send to: The Smile Train, 245 Fifth Avenue, Suite 2201, New York, NY 10016, USA.

About You

Applicant		Title	
Hospital/Organization		Are you a non-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		State/Province	Postal code
			Country
Telephone	Fax	Email	Web site

About Your Cleft Care Program

Medical professional overseeing the project <i>(Please submit CV)</i>	Number of years your organization has been involved with cleft care	Number of beds your hospital/organization has
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Average cost for

Primary lip/nose unilateral	\$ _____	Number treated per year _____	Secondary cleft palate	\$ _____	Number treated per year _____
Primary lip/nose bilateral	\$ _____	Number treated per year _____	Lip/nose revision	\$ _____	Number treated per year _____
Primary cleft palate	\$ _____	Number treated per year _____	Alveolar bone graft	\$ _____	Number treated per year _____
Fistula	\$ _____	Number treated per year _____	Auxiliary services <i>(specify)</i>	\$ _____	Number treated per year _____

Do you currently provide free or discounted care for poor children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe
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How a Smile Train Grant Will Help You

Amount requested \$ _____	This grant will enable you to <i>(Please attach description)</i> <input type="checkbox"/> Help treat additional poor children with clefts <input type="checkbox"/> Improve the quality of cleft care you provide
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Please attach any additional information as needed.
 I certify that the information in this application is true and accurate.

Signed	Name	Title	Date
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